

Attachment to Testing Memo No. 478

**Virginia Standards of Learning Assessments
English: Writing, Multiple-Choice, Content Specific
History, and End-of-Course Tests
Administration Audit Forms**

<u>Form</u>	<u>Page</u>
▪ Audit Information Sheet	2
▪ Notification of Test Audit	3
▪ Sample Letter of Introduction	4
▪ Checklist for Classroom Observation	5-11
▪ Post-Test Examiner Protocol	12-17
▪ Post-Test School Test Coordinator (STC) Protocol	18-26
▪ Post-Test Division Director of Testing (DDOT) Protocol	27-32
▪ Evaluation of the Auditor and Audit Process	33-35

AUDIT INFORMATION SHEET

Advance Notification to DDOT

The Virginia Department of Education has notified every Division Director of Testing (DDOT) that a school or schools within the division may be audited during the *Standards of Learning Assessments* administration.

Audit Purpose

This audit is an integral part of the assessment process. The "Administration Audit" has two purposes. The first purpose is to ensure that divisions administer the test according to guidelines. The second purpose is to obtain ways to improve the assessment system by obtaining direct feedback from those who actually use the system at the division and school levels. To achieve this, an on-site audit is being conducted today.

Audit Process

1. The auditor has been assigned a grade and test subject to be audited today. The auditor has been given directions to randomly select an Examiner to observe one testing session.
2. If possible, the auditor will observe the distribution of testing materials to the selected Examiner.
3. The auditor will remain with the Examiner for the entire testing session, including the return of testing materials to the School Test Coordinator (STC). During the testing session, the auditor will complete an Observation Checklist. The auditor should be unobtrusive in the classroom and should not answer questions from the Examiner or students.
4. After the completion of the testing session, the auditor will conduct a 15-30 minute post-test interview with the Examiner using a Post-Test Examiner Survey. The STC, principal, and DDOT are invited to be present for this interview. The Examiner will be asked to read the completed Observation Checklist and the Post-Test Examiner Survey and then sign his/her name.
5. Following the Examiner interview, the auditor will conduct a 15-30 minute interview with the STC using a Post-Test School Test Coordinator Survey. Other testing personnel (the Examiner, principal, DDOT) are invited to be present for this interview. The STC will be asked to read the completed survey and then sign his/her name.
6. A photocopy of all completed forms will be left with the STC. Also, a form titled "Evaluation of the Auditor and Audit Process" will be left with both the Examiner and the STC to obtain their input on the audit.
7. The auditor will schedule and conduct a follow-up interview with the DDOT using a Post-Test DDOT Survey. Before the interview, the DDOT will be asked to read all of the completed audit forms from the school. Also, the DDOT will be given a photocopy of all completed forms. The "Evaluation of the Auditor and Audit Process" will be left with the DDOT.
8. Audit forms will be returned to Harcourt where a summary report of all information will be produced.

WE SINCERELY APPRECIATE YOUR COOPERATION!

SAMPLE FAX

Harcourt Assessment, Inc.

<i>NOTIFICATION OF TEST AUDIT</i>
--

TO DDOT:
DIVISION:
PHONE:
FAX:

FROM:
PHONE:
E-MAIL:
FAX: **1-800-547-2059**

DATE:

URGENT – PLEASE DELIVER IMMEDIATELY

Dear Division Director of Testing:

This letter serves as notification to you that a testing session for the Standards of Learning will be audited in your school division on:

(Month-Day-Year)

The audit will occur in one or more schools; however, I cannot inform you at this time in which school(s) the audit will take place.

Once the audit has been completed in the school on the date above, you will be contacted by the auditor to set up a time/location for an interview. If more than one audit has been conducted, you will be contacted for this purpose only once by a single auditor after all of the audits are complete.

I appreciate your attention and cooperation in this process. If you have a question, please do not hesitate to contact me by phone, fax or email.

SAMPLE LETTER OF INRODUCTION

Harcourt Assessment, Inc.

Dear Division and School Testing Personnel:

This is a letter of introduction for the assigned Virginia Standards of Learning (VASOL) Assessment Program Assessment auditor. This official letter of introduction, printed on Harcourt Assessment Inc. letterhead, and the auditor's photo-identification serve as the auditor's credentials and authorization to conduct the school's *VASOL* audit. Your auditor is:

{Auditor's Name Here}

The Division Director of Testing was notified in advance of a potential audit. Also, an information sheet is available for any school personnel involved in the audit process. The auditor will distribute the information sheets during the audit. Any questions should first be addressed to the Division Director of Testing and then, as necessary, to the Virginia Department of Education at 804-225-2102.

We appreciate your cooperation in conducting this audit.

Harcourt Assessment, Inc.

Virginia

Standards of Learning Assessments

CHECKLIST FOR CLASSROOM OBSERVATION

English: Writing, Multiple-choice, Content Specific History, and End-of-Course Tests

Date:	_____ (Month, Day, Year)
School Name:	_____
Division:	_____

Name of Auditor:	_____	Name of Examiner:	_____
Signature:	_____	Signature:	_____

PRIOR TO THE TESTING SESSION

1. Describe the method used to select the Examiner you will observe:

2. Observe the check-out of test materials from the School Test Coordinator (STC) to the designated Examiner. Complete the following in regard to this observation:

a.	Did the STC use the SOL <i>Examiner's Writing Prompt/Test Booklet Transmittal Form / Affidavit</i> to check materials out to the Examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed (explain why:) _____
b.	Was the checking out of test materials accomplished in a central location or did the STC take the materials to the classroom? <input type="checkbox"/> Central site <input type="checkbox"/> Classroom <input type="checkbox"/> Other : _____ <input type="checkbox"/> Not observed (explain why): _____ _____ _____

DESCRIBE THE TESTING SESSION

1. Check the grade/level being observed.

	Grade (check one)		
	3	5	8
English: Reading/Literature and Research*			
English: Writing (direct writing)			
English: Writing (multiple-choice)			
Mathematics			
Science			
History/Social Science**			

*Grade 3 is English, all others are English: Reading /Literature and Research

**Grade 5 History is the same as Virginia Studies

	Grade (may vary)		
United States History to 1877			
United States History 1877 to Present			
Civics & Economics			

	End-of-Course
Algebra I	
Algebra II	
Geometry	
Biology	
Chemistry	
Earth Science	
Virginia and U. S. History	
World History I	
World History II	
World Geography	
English: Reading/Literature and Research	
English: Writing (direct writing)	
English: Writing (multiple-choice)	

2. Complete the following in regard to the setting for test administration:

a.

<p><u>What kind of group is being tested?</u></p> <p><input type="checkbox"/> Typical classroom</p> <p><input type="checkbox"/> Large-group setting (i.e., cafeteria or auditorium)</p>	<p><u>What is the size of the group?</u></p> <p><input type="checkbox"/> Less than 25</p> <p><input type="checkbox"/> More than 25</p>
---	--

How many Proctors are present? _____

b. Does each student have enough desktop/table space for an open test booklet and answer booklet? ☐ Yes ☐ No

c. Is seating arranged to discourage student copying? ☐ Yes ☐ No

d. Are there any instructional materials visible that might influence student performance in testing? (This includes charts, chalkboard displays, bulletin board materials related to test content.) ☐ Yes ☐ No

e. On the demographic page of the answer documents, did the Examiner instruct students to fill out certain items and to skip the sections that a teacher should fill out? (Areas that students should not fill out are Sections G, H, I, L, M, N, O, P, Q, R, S, T, U, V, W, Y, Z, and AA) ☐ Yes ☐ No
☐ Not observed

f. Were the test booklets (if a multiple choice session) or writing prompts (if direct writing) handed out as described in the *Examiner's Manual*? ☐ Yes ☐ No

g.	Did the examiner count the writing prompts (if a direct writing session) or test booklets (if a multiple-choice session) and complete the cover sheet that was enclosed in the package?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Did the examiner read the directions verbatim from the <i>Examiner's Manual</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not observed
i.	Did the examiner have to add any further explanation to the directions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not observed
j.	Did students ask questions related to the mechanics of the test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k.	Did students ask questions about the sample items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l.	Did any individual student's question cause the Examiner to explain something to the entire class? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, what was it?</i> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/>		
m.	Did the Examiner respond to questions within the guidelines specified in the <i>Examiner's Manual</i> ? <i>Note any exemplary responses OR responses that concerned you:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
n.	In what way did the examiner explain your presence to the students? <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <div style="margin-top: 10px;"><input type="checkbox"/> Not explained in my presence</div>		

3. Complete the manipulatives checklist below.

a. **AUDITOR:** This checklist must be completed as part of the observation of this classroom.

Grade / Subject (Check <u>one</u> box for the test you are observing.)	Place one check mark in the appropriate box for the grade/subject being observed.	Available				Shared by students	Not Used
		to all students		Not available to all students			
<input type="checkbox"/> Grade 3 Math	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grade 3 Science	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grade 5 Math	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">protractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grade 5 Science	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grade 8 Math	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">formula sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grade 8 Science	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Algebra 1	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">graphing calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">formula sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Algebra 2	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">graphing calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">formula sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Geometry	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">graphing calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">compass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">formula sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Biology	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chemistry	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">Periodic Table of Elements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Earth Science	<ul style="list-style-type: none">metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none">4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ The testing session is one of the following that does NOT allow manipulatives:

Grade 3 English
Grade 3 History/Social Science
Grade 5 English: Reading/Literature and Research
Grade 5 History/Social Science (also referred to as Virginia Studies)
Grade 8 English: Reading/Literature and Research
Grade 8 History/Social Science (Cumulative)
Content Specific History: US History to 1877, US History 1877 to Present, and Civics & Economics
End of Course: English: Reading/Literature and Research, Virginia and United States History
World History I, World History II, and World Geography

b. **Regarding USE OF CALCULATORS (allowable in Mathematics and Science tests, except Grade 3):**

- Were students given the opportunity to familiarize themselves with the calculator as directed in the *Examiner's Manual*?

☐ Yes ☐ No Go to DURING THE TESTING SESSION
- Were students using graphing calculators asked to clear the calculator's memory before the test began?

☐ Yes ☐ No

DURING THE TESTING SESSION

Complete the questions below in regard to observations made in the testing area **DURING** the testing session.

1.	English: Writing (Direct Writing)	Were a dictionary and scratch paper available to each student?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
2.	English: Writing (Direct Writing)	Was it necessary for students to share dictionaries? If so, how was this accomplished?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

3.	Was the room quiet throughout the testing period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Did the Examiner answer any individual student questions once testing began?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Did the Examiner monitor the classroom unobtrusively?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	If there were Proctors or other adults present, did they monitor the testing by moving around the room unobtrusively?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

7.	<p>Were any of the following conditions observed during the testing session? <i>Check any that may apply and COMMENT AS NECESSARY BELOW.</i></p> <div style="margin-left: 20px;"> <input type="checkbox"/> Student became ill during testing. <input type="checkbox"/> Student was observed cheating during the testing session. <input type="checkbox"/> Examiner or another adult appeared to provide improper assistance to student. <input type="checkbox"/> An excessive disturbance or disruption occurred. <input type="checkbox"/> A student's test booklet, writing prompt, or used answer booklet is missing. <input type="checkbox"/> Another situation that might affect a student's score occurred. </div> <p><i>Comments:</i></p> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
-----------	---

8.	<p>Did students remain in the test setting until ALL students completed the test?</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – 1 Students were dismissed from the test setting when most students had finished. Those who had not finished remained in the room until they had finished testing. <input type="checkbox"/> No – 2 Once the majority of students had completed the test, those who had not finished were moved to a different location to complete testing. Did you observe precautions taken during this move to: </div> <div style="margin-left: 40px;"> <p>a. maintain the security of test materials?</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No. If "no," explain: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> </div> <p>b. avoid interaction of students with each other or with learning materials?</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No. If "no," explain: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> </div> </div>
-----------	--

9. After how many minutes did each of the following occur?
- First student finished the test: _____
- Approximately half of the students finished the test: _____
- All students completed the test: _____

AFTER THE TESTING SESSION

Complete the following in regard to observations made in the testing area AFTER the testing session:

1. **Were the following materials collected from students at the end of the test session?**
- (If a multiple-choice session) ALL COPIES of the test booklets ☐ Yes ☐ No
- (If a direct writing session) ALL COPIES of the writing prompts ☐ Not applicable
- ALL students' answer documents ☐ Yes ☐ No
- ☐ Not applicable

After the testing session, accompany the Examiner to observe the return of materials to the STC.

2. **NOTE:** If it is not practical for the Examiner to return test materials immediately after the testing session, he/she is permitted to retain the materials in locked storage in the classroom/test site as late as, but no later than, the end of the school day.

- If this is the case for the Examiner you have observed, check:
☐ This Examiner did not return materials to the STC after this testing session.
- Was locked storage available and used for this purpose?
☐ Yes ☐ No

If "no," what measures were taken to ensure security of the materials?

If you responded to any part of this question, skip Question 3 and go on to the final section of this Checklist.

3. **a.** Did the STC verify that the Examiner returned ALL materials and initial the SOL Examiner's Writing Prompt Test Booklet Transmittal Form/Affidavit? ☐ Yes ☐ No
- ☐ Not applicable
- b.** Did the STC have the Examiner read and sign Affidavit on the SOL Examiner's Writing Prompt Test Booklet Transmittal Form/Affidavit on the last day of testing? ☐ Yes ☐ No
- ☐ N/A (Not the last day)

AUDITOR'S CONCLUDING COMMENTS

1. **AUDITOR:** Did you observe any practices during testing that you think are exemplary and should be shared with others?

2.	AUDITOR: Were there things that didn't work well? (e.g., directions <i>not clear</i>)	Yes	<input type="checkbox"/>	No
	If yes, please explain:			
3.	AUDITOR: Please note any additional comments/concerns/observations.			

Virginia

Standards of Learning Assessments

Auditor:

1. Complete this form after the classroom observation and after you have observed the return of materials.
 2. Rather than conduct a verbal interview, it is acceptable to allow the Examiner to read and complete this form. However, in the event that the Examiner has questions or needs clarification, you must remain with the Examiner while she or he completes the form.
-

**VIRGINIA Standards of Learning Assessments
POST-TEST EXAMINER
PROTOCOL**

General Information

Date:	_____ (Month/Day/Year)
Division:	_____
Examiner's Name:	_____
Examiner's Signature:	_____ My signature indicates that I have reviewed this document.
Auditor's Name:	_____
Auditor Signature:	_____

AUDITOR: In your completion of this protocol, did you meet with the Examiner only?

☐ Yes ☐ No If "No", who else was in attendance?

Name

Position

_____	_____
_____	_____
_____	_____
_____	_____

NOTE: The Examiner is to begin on next page.

Information about Your Training Prior to Testing

1. a. Were you provided training by your STC on the following:
- | | | |
|---|------------------------------|-----------------------------|
| Your overall responsibilities as an SOL Examiner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Security requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Test dates and schedule? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Preparation of your testing site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participation of students with disabilities and/or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Limited English proficient students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Limited English proficient (plain English) mathematics test forms for Grades 3, 5, and 8? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Coding of demographic information on the students' answer documents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Conducting test administration in standardized conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of proctors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Identifying and handling testing irregularities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Handling emergencies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Completing the SSID (Scoring Service Identification) sheets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assembling materials after testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- b. Were there any aspects of your training that you felt were particularly effective in preparing you for this administration?
- | |
|--|
| |
| |
| |
| |
- c. If more training was needed, please provide specific suggestions:
- | |
|--|
| |
| |
| |
| |

Information about Activities and Preparation Prior to Testing

2. Did you receive the *Examiner's Manual* for review prior to the first day of testing? ☐ Yes ☐ No
 If "Yes," when: _____ (Month/Day/Year)
 If "Yes," did you find this early receipt useful? ☐ Yes ☐ No
3. Did you read the *Examiner's Manual*? ☐ Yes ☐ No
 If "Yes," when: _____ (Month/Day/Year)
4. Did you complete and return the *Examiner's Test Security Agreement* to your STC prior to the beginning of today's testing session? ☐ Yes ☐ No

5. **Did you receive answer documents prior to testing to allow time to complete demographic information?** ☐ Yes ☐ No

If "Yes," when: _____ (Month/Day/Year) ☐ Yes ☐ No

If "Yes," did you find this early receipt useful? ☐ Yes ☐ No

6. Were you aware that students are **not** to complete the following demographic information:

Limited English Proficient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Test Accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Testing Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SOA Adjustment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Title I/TAS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Category?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N-Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AYP Adjustment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History only (Grades 5 and 8 Multiple Choice tests)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A-Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Test Codes-Recovery, Retest, Expedited, and/or D-Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S-Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SUB. TEST?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Career and Technical Education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did you complete any of the above information prior to today's testing session? If "No," when will this information be completed by you or another adult? (Month/Day/Year) ☐ Yes ☐ No

Did students complete the remaining demographic information (such as name, birthday, gender, and so on) themselves? ☐ Yes ☐ No

Were the instructions in the *Examiner's Manual* for completion of the demographic page helpful to you? ☐ Yes ☐ No
☐ N/A

Do you feel the instructions that were dictated to students for completing the demographic data were appropriately worded? ☐ Yes ☐ No
☐ N/A

Comments?

7. Was it clear to you prior to the testing session which materials should be assembled for students' use in testing? ☐ Yes ☐ No

Other than test booklets, were you able to assemble these materials a day or more prior to testing? ☐ Yes ☐ No

Information about Activities Today

8. Did you receive any test booklets or writing prompts prior to this morning? ☐ Yes ☐ No
9. *ONLY FOR GRADES 3, 5, and 8. SKIP TO QUESTION 10 IF EOC.*
Was today the first day of testing for this group of students? ☐ Yes ☐ No
 If "Yes", skip to question 10.
- a. If "No," where were the answer documents stored since the previous testing session?
- b. If "No," were the answer documents that your students used today given to you by the STC today? ☐ Yes ☐ No
10. Prior to and/or during the testing session, were there any questions asked by students that were difficult for you to answer? ☐ Yes ☐ No
If "Yes," please explain:
11. Regarding the students to whom you administered the test today, are you the regular teacher of this group of students? ☐ Yes ☐ No
12. Did you return test materials directly to your STC after today's testing session? If "Yes", go the question 13. ☐ Yes ☐ No
 If "No," have you made arrangements to return the materials to the STC no later than the end of the day? ☐ Yes ☐ No

Information about Activities Conducted and/or Planned Subsequent to Today's Testing Session

13. Have you already inspected the students' answer documents from today's testing for improper marks or damage? ☐ Yes ☐ No
 If "No," are you familiar with the instructions addressing this in the *Examiner's Manual*? ☐ Yes ☐ No
14. Are the instructions in the *Examiner's Manual* clear regarding the following:
- | | | |
|---|------------------------------|-----------------------------|
| Coding of special testing accommodations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of the "Testing Status" grid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| For whom and how to complete the "SOA Adjustment" grid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| For whom and how to complete the "AYP Adjustment" grid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The requirement that an answer document be completed for every student enrolled in the course or grade? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Completion of the SSID sheets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Preparing a bundle of scorable answer documents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The Examiner's Suggestions

15. In what way could test materials be packaged differently to make your job easier?
- | |
|--|
| |
| |
| |
16. What specific suggestions do you have for the improvement of the *Examiner's Manual*?
- | |
|--|
| |
| |
| |
17. What other information and/or materials would be useful to you in your role as Examiner?
- | |
|--|
| |
| |
| |
18. Were the sample test items provided in the test booklets sufficient to enable students to understand their task? If “No,” please explain. ☐ Yes ☐ No
- | |
|--|
| |
| |
| |
19. Were any of the directions in the *Examiner's Manual* confusing to you or to your students? If “Yes,” please explain. ☐ Yes ☐ No
- | |
|--|
| |
| |

20.	As a result of your experiences in this administration of the Standards of Learning Assessment, what changes would you consider making in your own procedures for the next administration?

21.	Do you have other suggestions for changes in the test administration procedures?

*NOTE: THIS FORM WILL BE PHOTOCOPIED AND LEFT WITH THE SCHOOL TEST COORDINATOR.
PLEASE REVIEW FOR COMPLETENESS, THEN SIGN PAGE 12.*

Thank you!

1. This protocol is to be completed after the classroom observation.
2. Rather than conduct a verbal interview, it is acceptable to allow the STC to read and complete this form. However, in the event that the STC has questions or needs clarification, you must remain with the STC while she or he completes the form.

POST-TEST SCHOOL TEST COORDINATOR (STC) PROTOCOL

Date:	_____	(Month/Day/Year)
Division:		
STC's Name:	_____	
STC's Signature:		My signature indicates that I have reviewed this document.
Auditor's Name:	_____	
Auditor Signature:		

☐ Yes ☐ No If "No", who else was in attendance?

18

Information about Your Training Prior to Testing

1.

a. Was specific training provided to you regarding the SOL tests?

☐ Yes ☐ No

If "No", skip to question 2. If "Yes," continue.

When was the training held? _____
(Month, Day, Year)

b. On which of these topics were you provided training?

Appropriate test preparation guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your overall responsibilities as an SOL STC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Test dates and schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preparation of your testing site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participation of students with disabilities and/or limited-English proficient students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coding demographic information on the students' answer documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conducting test administration in standardized conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of Proctors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifying and handling testing irregularities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handling emergencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completing the SSID (Scoring Service Identification) sheets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembling materials after testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

c. Were there any aspects of your training that you think were particularly effective in preparing you for this administration?

d. If more training was needed, please provide specific suggestions.

Information about Activities and Preparation Prior to Testing

2. ☐ Yes ☐ No
Have you read the *STC Manual*?

3. ☐ Yes ☐ No
Have you read the *Examiner's Manuals*?

4. ☐ Yes ☐ No
Have you collected completed *Examiner's Test Security Agreements* from all Examiners and Proctors?

5. ☐ Yes ☐ No
On what date did your DDOT deliver the secure test materials to your school?
(Month, Day, Year)

6. ☐ Yes ☐ No
How many school days before testing were your secure materials delivered to your school? _____

7. ☐ Yes ☐ No
Did your DDOT deliver the *SOL School Test Booklet/Writing Prompt Transmittal Form* to you with secure test materials?

8. ☐ Yes ☐ No
Did you conduct an inventory of secure materials as described in the *STC Manual* ?

9. ☐ Yes ☐ No
a. After your receipt of the secure test materials, did you find any discrepancies or shortages? (If "No", skip to question 10.)

- ☐ Yes ☐ No
b. Did you report these discrepancies or shortages to your DDOT?
If "Yes", how were they resolved?

10. ☐ Yes ☐ No
Since your receipt of the secure test materials, have they been stored in a secure location except when in use for actual testing situations?

11. ☐ Yes ☐ No
a. On which of these topics did you provide training to your Examiners?
(Check one answer to each topic.)

Their responsibilities for this test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Test dates and schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preparation of the testing site(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participation of students with disabilities and/or limited-English proficient students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coding demographic information on the students' answer documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conducting test administration in standardized conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of Proctors in the testing site(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifying and handling testing irregularities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handling emergencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completing the SSID sheets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizing and packing materials after testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dealing with students who need more time to finish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

b. Were there any activities that you think were particularly effective in preparing your school for this administration?

c. Did you distribute *Examiner's Manuals* to Examiners for their review prior to testing? ☐ Yes ☐ No

12.

Did you distribute answer documents to Examiners prior to testing to allow them time to complete demographic information?

☐ Yes ☐ No

(If "Yes," go to question 13. If "No," continue.)

a. When was the demographic information completed?

Date Completed: _____

b. Who completed the following demographic information?

Limited English Proficient? _____

Disability Status? _____

Special Test Accommodations? _____

Testing Status? _____

SOA Adjustment? _____

AYP Adjustment? _____

N-Code? _____

Title I/TAS? _____

Student Category? _____

N-Code? _____

History only – Grade 5 and 8 Multiple-Choice? _____

A-Code? _____

Additional Test Codes-Reading and Mathematics/Recovery, Retest, Expedited, and/or D-Code? _____

S-Code? _____

SUB. TEST? _____

Career and Technical Education? _____

13.

Did you encounter any difficulties in scheduling today's test sessions?

☐ Yes ☐ No

If "Yes," what were they and how did you handle them?

Information about Activities Conducted Today

14. Was it necessary for you to break packages of test booklets in order to complete their distribution to Examiners?
☐ Yes ☐ No
15. Were any secure materials delivered to any Examiner prior to this morning?
☐ Yes ☐ No
16. **a. (For multiple-choice tests only)** Did you use the *SOL Examiner's Test Booklet Transmittal Form/Affidavit* to distribute secure test booklets to Examiners?
☐ Yes ☐ No
- b. (For direct writing tests only)** Did you use the *SOL Examiner's Writing Prompt Transmittal Form/Affidavit* to distribute secure writing prompts to Examiners?
☐ Yes ☐ No
17. In what ways did you monitor today's test sessions?
18. What procedure is in place for handling students who do not finish a test in the allotted time? Please include a description of what is done if it is necessary for a student to eat lunch prior to completing a test.
19. What instructions or procedures are in place that will help Examiners handle possible interruptions (such as students going to the bathroom)?

20. To date, what kind(s) of testing irregularities have been reported to you?
(Check any that may apply.)

☐ Student became ill during a testing session.
☐ Student was observed cheating during the testing session.
☐ Examiner or another adult appeared to provide improper assistance to student.
☐ An excessive disturbance or disruption occurred.
☐ A student's test booklet, writing prompt or used answer document is missing.
☐ Any unused/unassigned test booklet/writing prompt or answer document is missing.
☐ Another situation occurred that might affect a student's score.

a. Was the situation(s) checked above reported promptly to your DDOT?

☐ Yes ☐ No

b. What procedure do your Examiners follow to report testing irregularities to you?

COMMENT AS NECESSARY BELOW:

21. Did each Examiner deliver secure test materials, including the students' answer documents/booklets, to you immediately after the conclusion of his/her testing session? ☐ Yes ☐ No
(If "Yes," skip to question 23. If "No", continue with question 22.)

22. Was the Examiner(s) who retained the materials instructed to place them in locked storage immediately after the testing session? ☐ Yes ☐ No
 What assistance did you provide to Examiners to ensure that testing materials were kept secure?

If any Examiner has retained the secure materials, have you made arrangements for him/her to return them no later than the end of the day?

☐ Yes ☐ No

23. Are the directions in the STC Manual clear as to how you are to verify receipt of all test materials from the Examiners? ☐ Yes ☐ No

**Information about Activities Conducted
and/or Planned Subsequent to
Today's Testing Session(s)**

24. Are you prepared to establish a make-up test session(s) for students who missed today's test administration? ☐ Yes ☐ No
Who typically administers make-up tests to students in your school?

25. Has your DDOT provided instruction regarding disposition of non-secure test materials? ☐ Yes ☐ No

The STC's Suggestions

26. In what way could test materials be packaged differently to make your job easier?

27. What specific suggestions do you have for improvement of the *STC Manual*?

28. In regard to future administrations of the SOL tests, what information or training would you like to help make test administration go more smoothly?

29. What suggestions do you have in regard to procedures prescribed in the *STC Manual* and *Examiner's Manual* for distribution, collection, and assembly of test materials?

30.

As a result of your experiences in this administration of the SOL tests, what changes would you consider making in your own procedures for the next administration?

***NOTE: THIS FORM WILL BE PHOTOCOPIED AND LEFT
WITH THE DDOT.***

PLEASE REVIEW FOR COMPLETENESS, THEN SIGN ON PAGE 18.

THANK YOU!

Auditor:

1. Complete this form after all of the division's audits and interviews of Examiners and STCs have been completed.
2. Rather than conduct a verbal interview, it is acceptable to allow the DDOT to read and complete this form. However, in the event that the DDOT has questions or needs clarification, you must remain with the DDOT while she or he completes the form.

VIRGINIA Standards of Learning Assessments
POST-TEST DIVISION DIRECTOR OF TESTING (DDOT) PROTOCOL

General Information

Date:	_____	<i>(Month/Day/Year)</i>
Division:	_____	
DDOT's Name:	_____	
DDOT's Signature:	_____	My signature indicates that I have reviewed this document.
Auditor's Name:	_____	
Auditor Signature:	_____	

AUDITOR: In your completion of this protocol, did you meet with the DDOT only?

☐ Yes ☐ No If "No", who else was in attendance?

Name

Position

NOTE: The Division Director of Testing is to begin on the next page.

Information about Activities Conducted Prior to Testing

1. Has your signed *SOL Division Test Security Agreement* been returned to Harcourt Assessment, Inc.? ☐ Yes ☐ No
If "Yes," when was it returned?
_____ (Month/Day/Year)
2. Have you read the *DDOT Manual*? ☐ Yes ☐ No
3. Have you read the *STC Manual*? ☐ Yes ☐ No
4. Have you read the *Examiner's Manuals*? ☐ Yes ☐ No
5. Was delivery of non-secure materials directly to the schools helpful to you? ☐ Yes ☐ No
6. Did you verify receipt of secure materials as described in the *DDOT Manual*? ☐ Yes ☐ No
7. Were test booklets and/or writing prompts stored in a secure location prior to delivery to the schools? ☐ Yes ☐ No
Where?
8. Was it necessary to deliver secure test materials to any school *earlier* than four school days (96 hours) prior to the school's first day of testing? ☐ Yes ☐ No
If "Yes," which school(s) _____

Please explain the circumstance(s) that made this necessary:

9. Was the *SOL School Test Booklet/Writing Prompt Transmittal Form/Affidavit* delivered to the school(s) with secure test materials as described in the *DDOT Manual*? ☐ Yes ☐ No
10. After their receipt of the secure test materials, did STCs report any discrepancies or shortages? ☐ Yes ☐ No
If "Yes," how were they resolved?

Comments:

11. Since delivery of secure test materials to the school(s), have your division's overage materials remained in a secure location? ☐ Yes ☐ No
Where? _____

12.	Did you provide training to STCs on the following:																																										
	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Responsibilities of STCs and Examiners?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Grades and subject areas that were to be tested?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Content specific history tests?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Multiple-choice and direct writing components of the English: Writing test?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Security requirements?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Participation of students with disabilities and/or limited-English proficient students?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Arranging for testing sites?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Handling testing irregularities?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Organizing and packing materials after testing?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Training Examiners?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Scheduling testing sessions?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Arranging for make-up testing sessions?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Conducting test administration in standardized conditions?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Coding demographic information on the students' answer documents?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	Responsibilities of STCs and Examiners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grades and subject areas that were to be tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Content specific history tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Multiple-choice and direct writing components of the English: Writing test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Security requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Participation of students with disabilities and/or limited-English proficient students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arranging for testing sites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Handling testing irregularities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Organizing and packing materials after testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Training Examiners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scheduling testing sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arranging for make-up testing sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Conducting test administration in standardized conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Coding demographic information on the students' answer documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responsibilities of STCs and Examiners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Grades and subject areas that were to be tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Content specific history tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Multiple-choice and direct writing components of the English: Writing test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Security requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Participation of students with disabilities and/or limited-English proficient students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Arranging for testing sites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Handling testing irregularities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Organizing and packing materials after testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Training Examiners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Scheduling testing sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Arranging for make-up testing sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Conducting test administration in standardized conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
Coding demographic information on the students' answer documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
	a. Which of your activities were particularly effective in preparing your division for this administration?																																										

13.	Did you check to make sure that all STC's conducted training for Examiners and Proctors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------	--	--

14.	What instructions did you give STC's for identifying, reporting, and resolving testing irregularities?

15.	You were asked to provide counts of students needing special test forms (Braille, large print, read-aloud and audiocassettes). Did you have any students who needed special test forms in this administration? <i>(If "no", skip question 16 and go to question 17 on the next page.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------	---	--

16.	Do you have suggestions for improving the process for ordering Braille, Large-print, audiocassette tapes and/or read-aloud forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please explain:	
	a. Do you have any suggestions for improving the packaging and/or delivery of the special test forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please explain:	
	b. Did you have any problems with your dissemination of the special test bn forms to schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please explain:	

Information about Activities Conducted On the Test Administration Date

17. In what way(s) did you monitor test administration in your school division?

18. To date, what kind(s) of testing irregularities have been reported to you?
(Check any that may apply.)

☐ Student became ill during a testing session.
☐ Student was observed cheating during the testing session.
☐ Examiner or another adult appeared to provide improper assistance to student.
☐ An excessive disturbance or disruption occurred.
☐ A student's test booklet, writing prompt or used answer document is missing.
☐ Any unused/unassigned test booklet, writing prompt or answer document is missing.
☐ Any other situation(s) that might impact a student's score.

a. Was the situation(s) checked above reported promptly to you?

☐ Yes ☐ No

b. What procedure do your STCs follow to report testing irregularities to you?

COMMENT AS NECESSARY BELOW:

Information about Activities Conducted and/or Planned Subsequent to the Test Administration Date

19. Do you have a specific procedure already in place to ensure that STCs are keeping all secure test materials, including those that have been used in testing sessions, in locked storage overnight? ☐ Yes ☐ No
If "Yes," please describe it briefly:

20. Are STCs aware of requirements for establishing make-up test sessions? ☐ Yes ☐ No
21. Are you aware that, after all testing has been completed, scorable answer documents and non-scorable test booklets and writing prompts are to be shipped to different locations? ☐ Yes ☐ No
22. Have you read, and do you understand, the instructions for assembling and shipping the scorable answer documents to the Iowa City Scoring Center? ☐ Yes ☐ No
23. Have you read, and do you understand, the instructions for assembling and shipping the non-scorable test booklets and writing prompts to the San Antonio Scoring Center? ☐ Yes ☐ No
24. Are you aware that both you and the superintendent must sign the *SOL School Division Affidavit* and return it to **the Virginia Department of Education** no later than two weeks after the end of your testing window? ☐ Yes ☐ No

The DDOT's Suggestions

25. In what way could the shipment of both non-secure and secure testing materials be better organized to help you distribute them to the STCs?

26. What specific suggestions do you have for improving the *DDOT Manual*?

27. What specific suggestions do you have for improving the *STC Manual*?

28. What specific suggestions do you have for improving the *Examiner's Manuals*?

29.	In regard to future administrations of the SOL tests, what information or training would help make the test administration go more smoothly?

30.	What other information and/or materials would be useful to you in your role as DDOT?

31.	As a result of your experiences in this administration of the SOL tests, what changes will you consider making in your own procedures for the next administration?

32.	What suggestions do you have in regard to the procedures in the <i>DDOT Manual</i> for distribution, collection, and assembly of test materials?

33.	Do you have other suggestions for making the SOL testing go more smoothly?

NOTE: THIS FORM WILL BE PHOTOCOPIED AND LEFT WITH THE DDOT.

PLEASE REVIEW FOR COMPLETENESS, THEN SIGN ON PAGE 26.

THANK YOU!

VIRGINIA Standards of Learning Assessments

EVALUATION OF THE AUDITOR AND AUDIT PROCESS

AUDITOR:

1. Leave a copy of this form with the Examiner, the STC, the Principal, and the DDOT.
2. On each copy, complete the following information:

Auditor Name: _____ **Date:** _____

School: _____

Division: _____

Grade Observed: _____

Subject Observed: _____

Component observed:

(check one)

☐ **Multiple-Choice**

☐ **English: Direct Writing**

To Examiner, STC, Principal, and DDOT:

The Virginia Department of Education and Harcourt Assessment, Inc. appreciate your assistance in improving the audit process for future administrations of the Standards of Learning Assessments. Once completed, you may either mail or fax this form to Harcourt Assessment, Inc. as noted on the last page.

Thank you very much for participating in this audit and for your part in administering the Standards of Learning assessments.

1. Please indicate your position:
☐ Examiner ☐ School Test Coordinator ☐ Division Director of Testing
☐ Other (specify) _____
2. Was the Auditor punctual? ☐ Yes ☐ No ☐ Not known to me
3. Did the Auditor present appropriate identification? ☐ Yes ☐ No ☐ Not known to me
4. Did the Auditor meet with you to complete an audit questionnaire? ☐ Yes ☐ No

At what **time** did this take place? _____ AM or PM (*Please circle one*)

5. To your knowledge, did the Auditor meet with any of these persons? *(Please respond to each item)*

Examiner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known to me
School Test Coordinator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known to me
Division Director of Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known to me

6. Did the Auditor conduct the audit in a professional manner? ☐ Yes ☐ No

If not, please explain: _____

7. Did the Auditor exhibit a basic knowledge of the testing program being audited?

☐ Yes ☐ No

If not, please explain: _____

8. Were the items on the questionnaire to which you responded directly related to the testing program?

☐ Yes ☐ No

If not, please explain: _____

9. Was the presence of the Auditor in the classroom an impediment to student performance?

☐ Yes ☐ No ☐ Not known to me

If so, please explain: _____

10. Are you aware of any difficulties that the audit caused either in the school or in the specific testing session that was audited?

☐ Yes

☐ No

If so, please explain:

11. What suggestions do you have for making the audit better?

OPTIONAL:

Your name (printed): _____

Signature: _____ Date: _____

May we contact you for clarification or follow-up if needed?

☐ Yes

☐ No

Please return your completed evaluation within 1 week of receiving it either by fax or by mail to:

Virginia SOL Program Coordinator
Harcourt Assessment, Inc.
19500 Bulverde Rd.
San Antonio, TX 78259
FAX: 1-800-547-2059

Thank you! Your time and participation are greatly appreciated.